



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Articles of Amendment**

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is It's My Health Wellcare Collaborative, LLC

If the name is changing, state the new name: It's My Health Wellcare Collaborative, LLC

ARTICLE II

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 1099 MENDON ROAD

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

If the company duration is changing, so state: X Perpetual

If the company purpose is changing, so state:

WELLNESS CONSULTING SERVICES

If the management of the limited liability company is changing, modify the following section:

X Members or Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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If there are any other provisions to be amended, so state:

ARTICLE III

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not prior to, nor more than 30 days after, the filing of these Articles of Amendment), is:

Later Effective Date: 11/6/2014

This electronic signature of the individual or individuals signing this instrument constitutes the

affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 6 Day of November, 2014 at 2:05:43 PM by the Authorized Person.

MARIE A. BOUVIER-NEWMAN

It's My Health Wellcare Collaborative, LLC

Form No. 401
Revised 09/07

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